



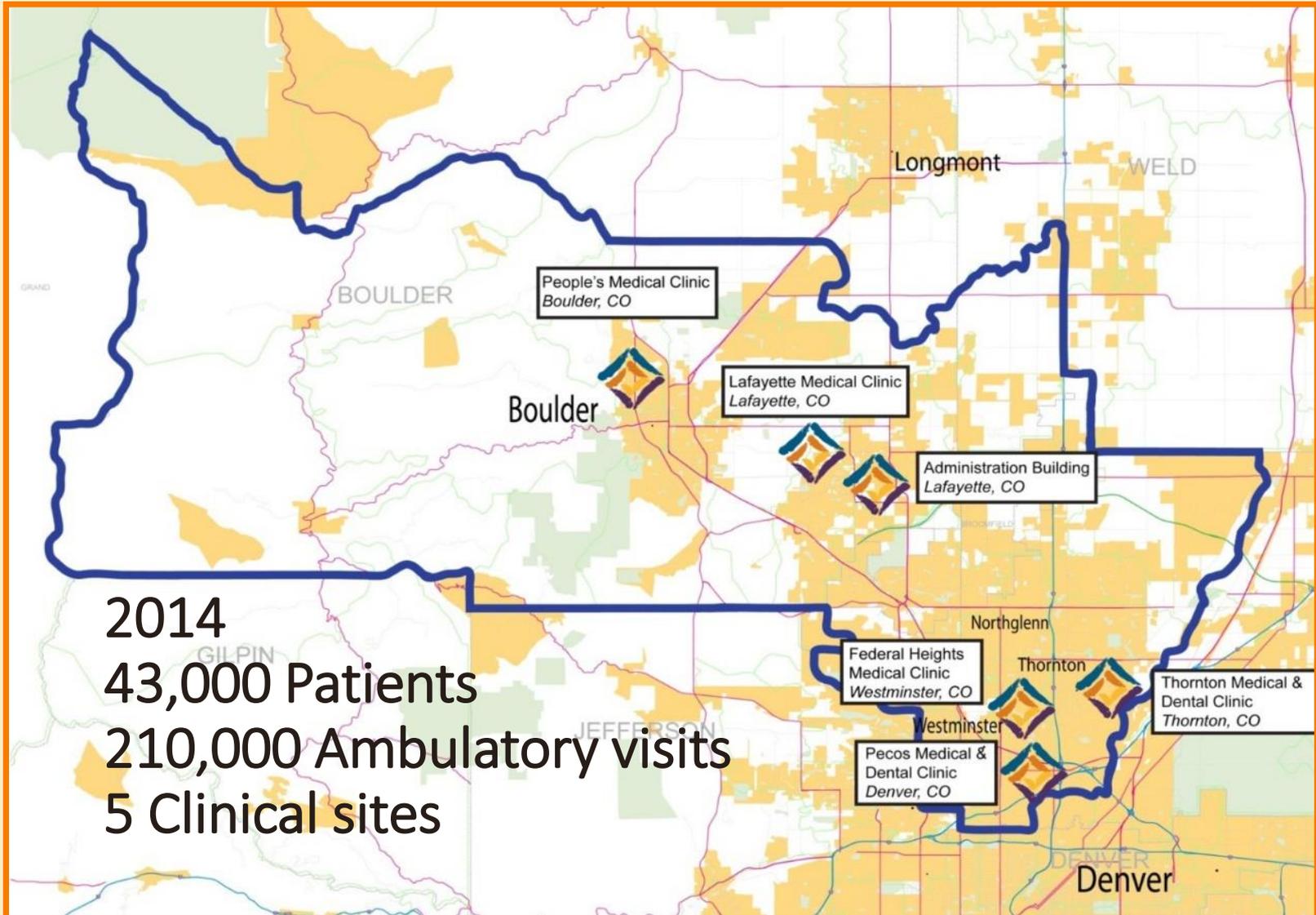
# Maximizing Innovation Minimizing Variation

Quality Improvement

Carolyn Shepherd, M.D.



# Clinica Family Health Services





# Clinica Family Health Services

- 30% uninsured
- 60% Medicaid
- 56% < Poverty
- 98% < 200% of Poverty
- 60% prefer to speak in a language other than English





# Clinica Family Health Services

- 46 Physical Health Providers
- 14 Behavioral Health Providers
- 8 Dental Providers
- Clinic in the Homeless Shelter and Mental Health Center
- 2 Full Pharmacies, 2 Pharmacy Outlets
- 2 Schools of Pharmacy providing medication therapy mgmt
- Total Staff of 439
- Admit to 2 community hospitals





# Clinical Family Health Services

Integrated team based care model

- Primary medical care
- Primary dental care
- Integrated behavioral health care
- Integrated clinical pharmacy services
- Integrated nutrition services



# Clinica Family Health Services



**TOP WORK PLACES**

**THE DENVER POST**  
denverpost.com

**Clinica Family Health Services**

Employees in region: 439  
Sector: Healthcare  
HQ location: Lafayette, CO

[www.Clinica.org](http://www.Clinica.org)

TOP WORKPLACE  
12, 13, 14, 15



NCQA Diabetes  
2011/2014



NCQA PCMH Level 3  
2010/2013



Joint Commission  
Accredited  
since 2002



2015 HRSA Audit  
Perfect Score



# Chronic Care Outcomes at Clinica 1998

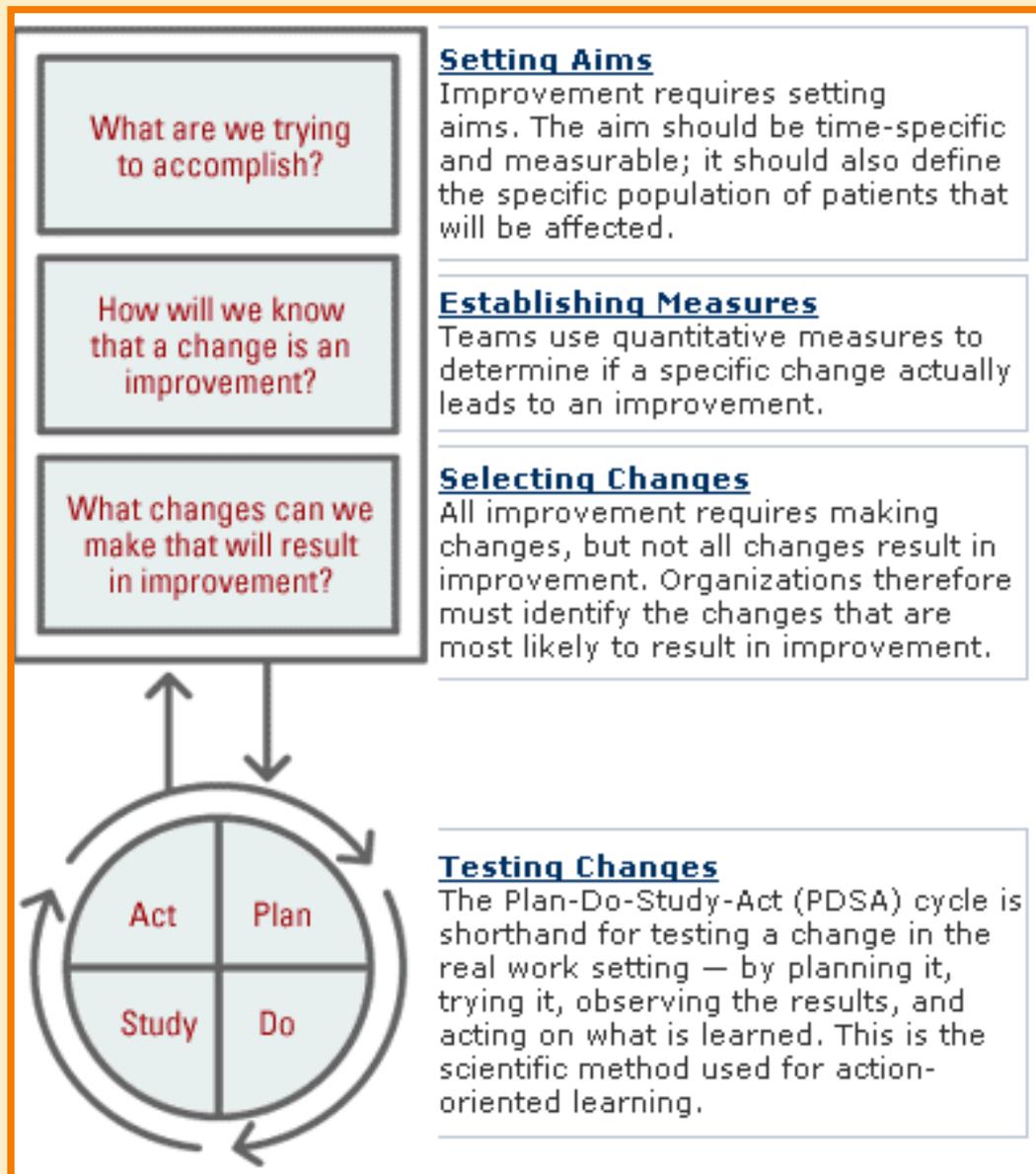
**After a decade of trying, clinical outcomes not acceptable.**

**When one disease metric improved the other metrics would drop.**

**The system for delivering care to patients was broken.**

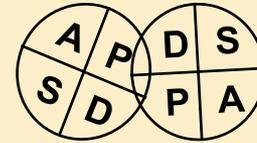
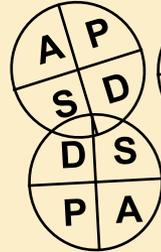
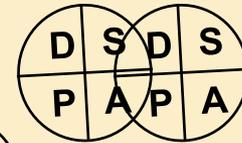
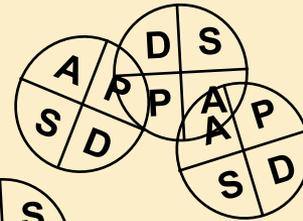
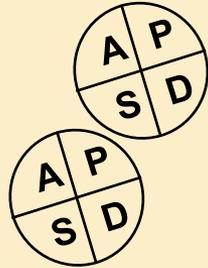
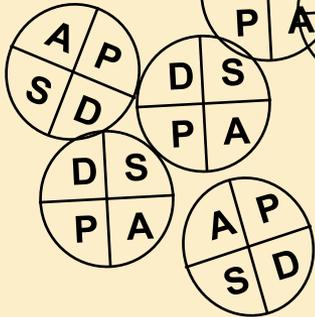
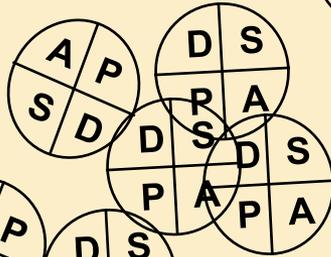
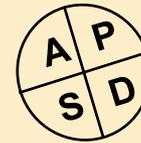
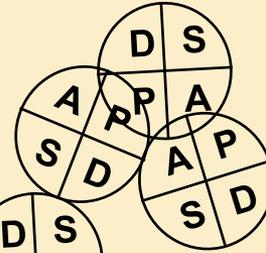
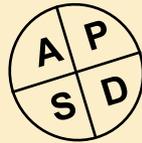
**Too many waits and delays for needed care in our provider centered system**

# IHI Model for Improvement





# Clinical PDSA Confusion!





# Create a Quality Habit

- Choose a methodology that works for you
  - Practice makes perfect
- Integrate methodology into organizational culture
  - Democratize the process-share the process and lingo
- Leadership role in spread and sustaining



# Optimizing Teams During Change





# Coordinating Team Learning

The screenshot shows a web browser window displaying the "PDSA Database" interface. The browser's address bar shows "Adobe PDF". The page title is "PDSA Database" and the subtitle is "Cycle for Learning and Improvement".

On the left side, there are two buttons: "Add New PDSA" and "View all PDSA entries".

Under the heading "Sort by site", there is a vertical list of buttons: "Admin", "Lafayette", "Pecos", "People's", "Thornton", and "All Clinics".

Under the heading "Sort by category", there is a grid of buttons:

Adv. Access	ECS	HR	IT
Billing	Finance	Medication/Pharm	
Call Center	Financial Screening	Master Planning/Scheduling	
Clinical	Front Desk	Work/Patient Flow	
Dental	Group Visit	Other	

At the bottom, there are two columns of buttons:

PDSA w/incomplete act section	Incomplete PDSA
PDSA w/incomplete study section	Completed PDSA



# Simplify Documentation of PDSA

***PDSA: Cycle for Learning and Improvement*** *id* 36

*Title of PDSA* Cold/Flu Cluster Visit III *date* 2/4/2008

*category* Group Visits     *first name* Judy     *last name* Detweiler

*job title* clinic director     *site* Pecos     *supervisor first* Tom     *last* Littleton

## *PLAN*

### *Plan: Describe the issue*

Issue: how do we manage the increased demand for appts during cold/flu season? Plan: Clinic will hold cold/flu DIGMA visits a minimum of 3 times a week during cold and flu season.

After PDSA II staff involved in cluster met and discussed the cluster to determine areas of improvement, following are the meeting comments:

- 1) Flow of cold/flu cluster is very smooth and providers are very satisfied with the cluster.
- 2) Pt satisfaction still needs measures. Form created, but needs translated in order to distribute.
- 3) The cluster offers a good solution to the high demand for acute appts during cold/flu and suggestion was to have one each day. It was decided that all nurses and additional support staff would get trained in the cluster and additional clusters would be added as staff are trained.

### *Plan: List your questions*

Can we get the staff pulled away from the clinic to train on cluster?  
 Do pts feel satisfied with cluster visit?  
 Can we do a cluster every day and staff the visit appropriately?

### *Plan for change*

*who* Angie, Delfina, MA and provider

*what* cold/flu cluster

*when* Friday 2/8/08

*where* Large GV room 1st floor

### *Plan for data collection*

*who* Judy

*what* No show rate  
No show rate, staff satisfaction, pt satisfaction,

*when* 2/8/08

*where* 1st floor GV room

## *DO*

*Carry out the change or test and collect data/benefit analysis*

- 1) Distribute pt survey to all pts
- 2) Survey staff after GV. Check with provider to see if having younger kids makes group flow difficult
- 3) Calculate no show rate
- 4) Extra nurse in visit to train on cluster flow and documentation

## *STUDY*

*Complete data analysis and summarize what*

- 1) Pt satisfaction survey done on a total of 21pts over 3 different cold/flu cluster visits. 100% of the pts surveys responded that their needs were met by the cold/flu cluster visit.
- 2) Staff satisfaction survey completed with all employees involved in the cold/flu cluster process. Following are the results fo



# Optimize PDSAs to Test Changes

- Choose the right SMALL tests
  - Leadership oversight of the process
  - Involve staff who do the work and patients when it is appropriate
- Make your best prediction
- Schedule time to study
- Learn and share learning from every PDSA
  - A failed PDSA is just succeeding in learning what doesn't work!



“The secret of having good ideas is to have a lot of ideas and throw all the bad ones out!”



Linus Pauling



# Common PDSA Errors

- Too much in one PDSA
  - EHR upgrades, ICD10, reporting UDS
- Using PDSAs for information gathering
  - E.g. collect no-show data
- Using PDSAs to complete tasks on the project
  - E.g. find a group visit curricula for diabetes groups
- Using PDSAs for implementation
  - Staff confusion about what is a test/change

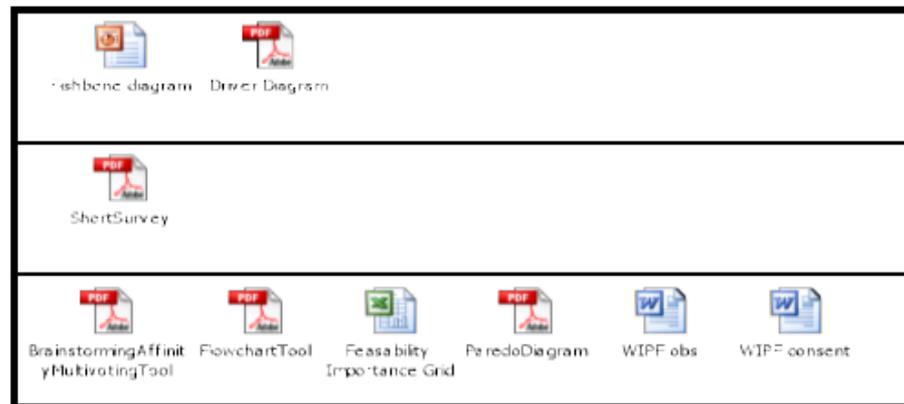


# Key QI Infrastructure

1. Formal process for oversight  
Intradepartmental vs interdepartmental
2. Review of prior PDSAs  
Critical for shared learning, must have central access
3. Completion with summary of results  
Required at the time the PDSA is started
4. Leadership decides which changes to spread  
Requires authority to change course
5. Have a change process for both spreading and sustaining change

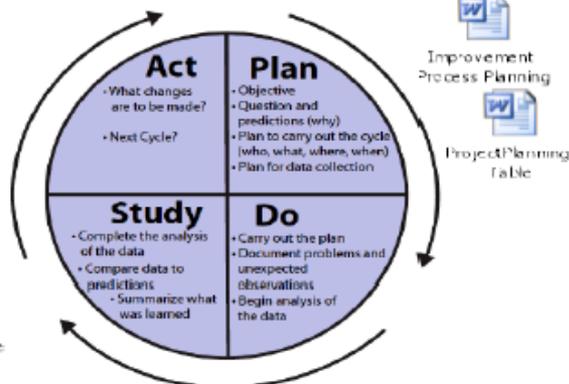
# Cambridge Health Alliance

## The Model for Improvement



## The PDSA Cycle for Learning and Improving

 PDSA Worksheet



## Video Links (must view as slideshow to access hyperlinks):

[Model for Improvement 1](#) [Model for Improvement 2](#)  
[PDSA 1](#) [PDSA 2](#) [PDSA Template](#)

## Data/Reporting Tools

Medical Home Reports	<a href="http://staffnet/Reports/Clinical/Ambulatory/MedicalHome.asp">http://staffnet/Reports/Clinical/Ambulatory/MedicalHome.asp</a>
Ambulatory Quality Goals	<a href="http://staffnet/Reports/Clinical/ProviderandGroupProfiles/CurrentProfiles/PrimaryLevel1.pdf">http://staffnet/Reports/Clinical/ProviderandGroupProfiles/CurrentProfiles/PrimaryLevel1.pdf</a>
Epic Reporting Workbench	 Workbench tips



# Improvingprimarycare.org

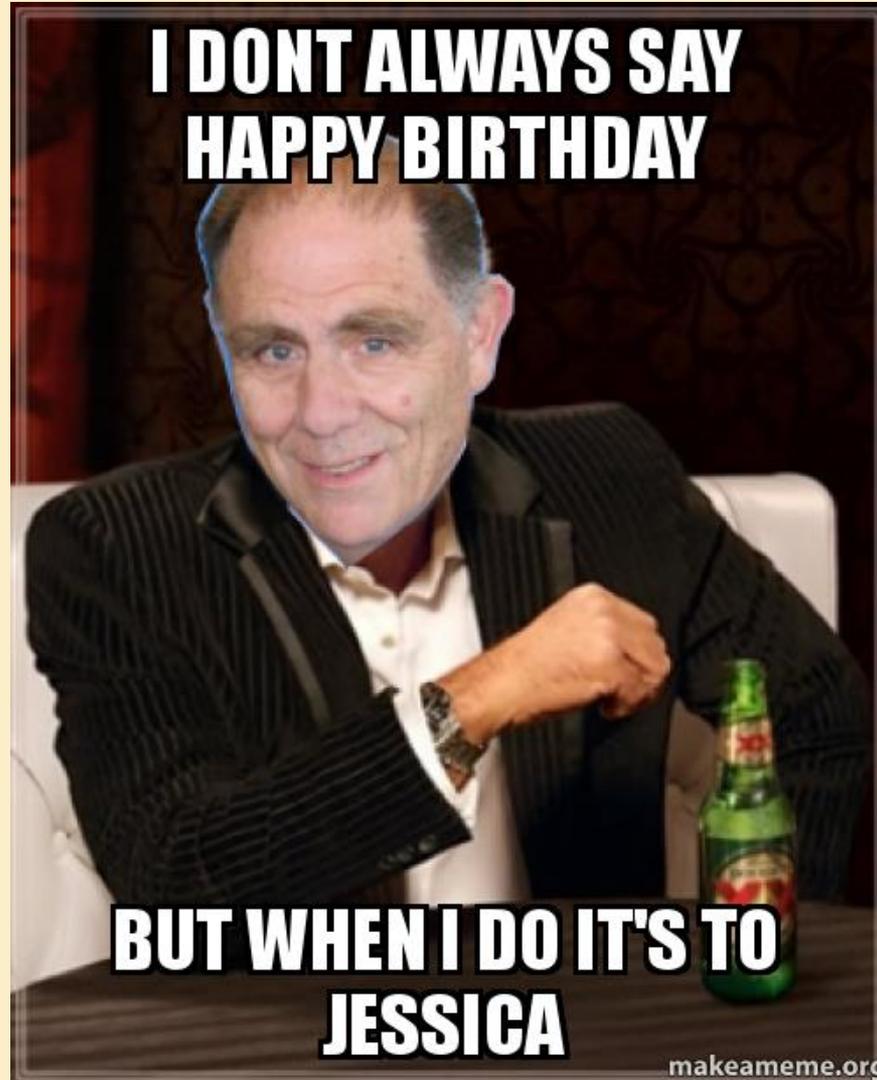
A screenshot of a web browser displaying the homepage of improvingprimarycare.org. The browser window has a single tab titled "Improving Primary Care" and the address bar shows "improvingprimarycare.org". The website's navigation bar is dark grey and contains the following elements from left to right: "PRIMARY CARE TEAM GUIDE" (with "TEAM GUIDE" in a smaller font), "GET STARTED", "BUILD THE TEAM", "DO THE WORK", and a "LOG IN" button with a lock icon. A search bar is located on the right side of the navigation bar. The main content area has a teal background and features the following text: "Primary Care Team Guide" in a large white font, followed by "Improving Primary Care: A guide to better care through teamwork." in a smaller white font. A white button with the text "GET STARTED NOW" is centered at the bottom of the main content area. The Windows taskbar is visible at the bottom of the screenshot, showing the Start button, "Ask me anything" search bar, and several application icons including Edge, File Explorer, and various office and utility programs. The system tray on the right shows the time as 8:00 AM on 8/26/2015.



# Improvingprimarycare.org

A screenshot of a web browser displaying search results on the website improvingprimarycare.org. The browser's address bar shows the URL 'improvingprimarycare.org/search?keyword=pdsa&amp;=Search'. The website's navigation bar is dark grey and contains the text 'PRIMARY CARE TEAM GUIDE', 'GET STARTED', 'BUILD THE TEAM', and 'DO THE WORK'. A search bar is visible on the right side of the navigation bar. The main content area is divided into two sections. The first section is titled 'TOOLKITS' and features a card for 'Practice Improvement Team Toolkit'. The card includes a brief description: 'At LEAP site Cambridge Health Alliance, each clinic has a practice improvement team, which includes patients. See this toolkit for guidance on how to recruit patients and engage all team members meaningfully in practice improvements.' Below the description is a 'Download' button with a downward arrow icon and an attribution line: 'Attribution: Cambridge Health Alliance - Union Square Family Health'. The second section is titled 'PUBLICATIONS AND PRESENTATIONS' and features a card for 'Medical Neighborhood Implementation Guide'. The card includes a brief description: 'One LEAP site created this comprehensive Medical Neighborhood implementation guide to facilitate communication and agreements between primary care and specialty practices. This resource will help you'.

# A most interesting man...





# It's elementary!



Marisa Garza, 5, working on an assignment at Riverside Elementary School in Menomonee Falls, Wis. The board behind her encouraged the "plan-do-study-act" problem-solving cycle.

Andrew Nelles for The New York Times

NY Times 5-12-15



# Variation in primary care organizations

**Innovations**

**External Changes**



**Variation**

**Su**

**e**





# Variation in Primary Care Practices

- Access, designer schedules
- Team makeup, panel size
- Workflows
- Variation in care algorithms
- Data use
- Innovation that stays local



# Managing the Appetite for Innovation

Challenge: Innovation leads to variation

- Leadership aligns tests of innovation with mission
- The best innovations comes from those doing the work and those experiencing the output (the patients!)
- Only leadership can prevent disruptive *variation*
- Spread and sustain accountability belongs to leadership



# Change Management

- Managing in the 21<sup>st</sup> Century Drucker
- Fifth Discipline Senge
- HBR 10 Must Reads On Leadership
- The Power of Habit Duhigg
- Switch Heaths
- Drive Pink
- Leading Change Kotter
  - Changing behavior
- Managing Transitions Bridges
  - Systems change
  - People transition from what they know to what is new



# Change Management- its all about behavior

1. Establishing a sense of urgency by identifying potential crises/opportunities
2. Putting together a powerful team to lead change
3. Creating a vision
4. Communicating the new vision, strategies, and expected behavior
5. Removing obstacles to the change
6. Recognizing and rewarding short-term successes
7. Identifying people who can implement change
8. Ensuring that the changes become part of the institutional culture



Kotter



# Change Management: 4 P's

- Agreement that there is a **P**roblem
  - Do the homework
- Paint a **P**icture (vision) of how it could be
- Have a well thought out **P**lan
  - Build trust, constructive conflict, commitment
- Describe what **P**art each person plays
  - Next Tuesday when you come to clinic...
  - Essential for both early and late adopters



# Two Critical Competencies



## Innovation in Primary Care

1. Look for evidence to improve process
2. Optimal innovation habit for improvement

## Change Management in Primary Care

1. Spreading change, taking it to scale
2. Sustaining change

# Questions?

